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A Dissertation

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on

Amenorrhoea

By

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of

Virginia

"Propter solum uterum mulier est id quod est." Van Helmont.

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As a clear conception of the nature of any of the animal functions is of primary importance in directing us in the efficient application of our remediate measures, to correct the derangements to which it may be obnoxious, I deem it essential to preface the present essay, with a few desultory observations on the history and character of the menstrual discharge.

No subject connected with medicine has been tortured more by idle theory, and vain hypothesis; none about which the early cultivators of our science displayed more profound ignorance. Plunged into a Dædalian labyrinth without a clue, they marched on in a course which, to borrow a beautiful simile from a favourite writer, "resembled the devious gyrings of Homer's cyclops around his cave" with scarcely a

single ray of scientific light to guide them along the tract of ~~science~~ true philosophy. Hence their ignorance in pathology and physiology. The dominion of superstition, the bane of scientific research in almost every age, prevented those investigations into the Anatomical structure of the human body, upon which alone can be established correct principles in Medicine. After the passe of a period of about 1300 years of Egyptian darkness, during which time, science in general suffered almost a total eclipse, many important discoveries were made, many errors overthrown both in the physical and moral world. Medicine hitherto encumbered with the grossest absurdities, enjoying a precarious existance, at length assumed "a local habitation and a name". Its march of improvement has been rapid, its sphere greatly

enlarged, and phenomina connected with this department of natural science, inexplicable, because of the glimmering light shed upon its early existence, admit now of satisfactory solution upon rational principles.

From the days of Hippocrates down to a period of modern date, menstruation has been a subject of investigation and inquiry. The theories advanced and supported with zeal and pertinacity by many of the disciples of the great Father are looked upon by modern writers as "voces inanae, et praeterea nihil" The nature of the evacuation is at length pretty well established among the Physiologists of the present day.

It is agreed by them generally that this discharge is peculiar to the human female, if there be any exceptions they are rare and ill ascertained. During the period

of salacity, it must be admitted that some of the inferior animals, as for example, the bitch forcibly kept from the male, have a discharge from the vagina, of a sanguineous fluid resembling in some respects the menstrual evacuation of the human female. This fact has been adduced as establishing an exception. The discharge in this particular case, as in all others of a similar nature, is produced by an excessive engorgement in the uterine vessels, and not by any peculiar natural action of the uterus.

The originality of the function in the human species has been questioned by very high authority, it being regarded as the effect of the social condition of man. The advocates of this doctrine, among whom may be ranked Powsel and Emmet as the champions of its defence, assert that

a plethoric condition of system being induced by excessive indulgence, to obviate its noxious tendency in the female, this peculiar discharge took place originally from the uterus. We are not unaware that insurmountable objections, as we conceive, might be urged against this theory, if it even deserve the name.

1st It would appear according to this hypothesis, that if blood be abstracted a short time previous to the flow of the menses, they would not appear, which is known from daily observation not to be a fact.

2nd Why should the discharge observe periodical returns.

3rd Persons of debilitated states of system, would not be obnoxious to the discharge. which is equally erroneous with the first.

To far as observation extends, it has

been remarked, that women of all climates and in every age from the remotest period down to the present time, have been subject to this peculiar uterine evacuation. Moses expressly states it to have occured among the women of his time. Women of the most rude and simple modes of living, have been on that account no less subject to it. If the reports of Long and many other respectable travellers are to be credited, the Aborigines of America, than whom no people could have been freer from a plethoric condition of system, in consequence of the gratification of appetite to an inordinate degree, were subject to the menstrual discharge.

The quality of the menstruous blood has been a subject of much dispute among writers. The most absurd notions have been entertained with regard to it and

especially by the Ancients. An opinion probably derived from the Jewish Legislature was adopted by the Arabian physicians, and credited in other countries, that the properties of the menstruous blood were peculiarly malignant. "Thus too, the enlightened Pliny declares the approach of a menstruating woman will turn new wine sower, render fruit trees sterile; or even destroy them; burn the seeds and fruit of a garden, if she should sit near them". Italian Physicians, Baillou & Rammazini, on the contrary assert, that in its natural state the discharge is perfectly innocuous. "That the discharge sometimes becomes acrimonious from accidental circumstances can not be denied. Morbid derangement in the secretory function of the uterus for we believe its production depends upon a genuine secretory action of that organ

which we shall subsequently attempt to prove, may operate such a change in the character of the discharge, as to render it capable even of excoriating the external parts. The qualities of the fluid when healthy, are however as we before remarked, perfectly innocent.

We may here rationally inquire what is ~~meant~~ understood by the term Menstruation. It has been defined though not without objections, yet perhaps sufficiently accurate for all practical purposes. "a periodical discharge of coloured fluid resembling blood, happening every lunar month, commencing at puberty and continuing until about the forty fifth or fiftieth year, unless interrupted by pregnancy, suckling or disease."

Medical writers have been much divided in their sentiments, with regard to the part, from which the discharge

proceeded. Some supposing it came from the the uterus, some again from the vagina, there were others, who believed that both the uterus and vagina furnished it. The subject is now put to rest by the observations of Morgagni and Dr. William Hunter, who discovered it proceeding from the mouth of the uterus in a case of prociderted uterus.

Nor has the opinions of writers been concurrent as regards the vessels that furnish this fluid. Huysh supposed that it proceeded from the capillary extremities of the arteries — Vesalius from the veins. Whilst Simpson with some others, thought that there were an appropriate set of vessels designed by nature to furnish the discharge. The evacuation appears to be yielded by the uterine arteries but it is not an extravasation or hemorhaggy for when collected, it does not separate into

the same parts with blood; and on chemical analysis, presents different results; neither does it coagulate. It differs from blood in other respects viz. odour and colour. Menstruation has been attributed to lunar influence, fermentation in the blood, venereal appetite, plethora local congestion, and finally to the existence of a secretory action in the uterus.
The celebrated Jno. Hunter, was the first to notice this fact, publicaley, at least in Great Britain. In his lectures on the theory and practice of Surgery, he observes, "that the blood discharged in menstruation, is neither similar to blood taken from a vein of the same person, nor to that extravasated by an accident in any other part of the body; but is a species of blood changed, separated, or thrown off from the common mass by an action of the vessels of the uterus, in

a process similar to secretion; by which action the blood having lost its living principle does not coagulate". I am much inclined to this theory as all others are totally irreconcilliable with facts. To the support of the same view all of the modern Physiologists lend their aid.

Without entering into a formal disquisition in defence of the doctrine, I will here take the liberty to introduce from Prof. Chapmans valuable treatise upon Therapeutics, a summary of the arguments by which is is established.

1. The uterus in its villous and vascular structure resembles a gland, and also in its diseases, being equally liable to schirrus, cancer &c.

2. Like other secretory organs, blood is very copiously diffused through it.

3. By the arrangements of its vessels, it is ~~evi~~ evidently designed that the circulation should be retarded for the purpose of secretion. The arteries are not only exceedingly convoluted, but they are larger, and with thinner coats than the corresponding veins. The blood says Barker, is brought to the womb, in greater quantity, and more quickly, through its lax and ample arteries, and on account of the rigidity and narrowness of the veins, it returns with difficulty.
4. In common with the other secretions, menstruation is commonly at first imperfectly performed, and is subject afterwards to vitiation, and derangement. In the beginning the discharge is generally colourless, thin and deficient, recurring at protracted intervals, being analagous in some of these respects to the seminal secretion. Lastly,

the Menses are a fluid sui generis, or at least varying essentially from blood, having as we before remarked neither its odour, nor colour, nor coagulability. These facts seem to be conclusive, and as regards the mode of its production, leave not "a hook to hang a doubt upon". As to the office of the discharge, Physiologists of modern times have united in one universal opinion, which confessedly is correct, that it prepares the uterine system for conception; for women seldom if ever bear children, before they have menstruated, and few or none ever become pregnant, after the cessation of this discharge. Before the nature of this process have been pointed out by the ingenious Hunter it was a moot point among medical philosophers, whether the fluid, that should be discharged at each returning period of the Menses, contributed to the formation and

nutriment of the foetus in utero; that it does not is the generally received opinion.
At whatever time of life the discharge comes on, the woman is said to be at puberty; though of this state, it is to be considered as a consequence and not a cause.
The early or late appearance of the menses depends upon the climate, habits, and mode of living. In Greece, Italy and other warm countries, they often take place at eight, ten or twelve years of age; approaching towards the North, the age is more protracted, until we arrive at Lapland, where according to the accounts given us by Linnaeus, women do not menstruate but at advanced age, say 19 or 20, and then in small quantities and only in the summer. Hence in warm climates menstruation takes place much sooner, and flows more abundantly, than in

cold ones. According to Prof. James the usual period of its first appearance, in this country may be noted between the fourteenth and fifteenth year.

It also ceases much sooner with women who reside in warm climates, than it does with those who are inhabitants of cold ones; in the former menstruation is not observed generaly after the age of forty five, whereas in the latter it does not stop until fifty or fifty five, and sometimes even later. In this country I believe it rarely continues to flow after the forty fifth year. There are instances upon record, which must be considered as anomalous, where women have continued to menstruate until advanced age. Dr Rush, in his Essays, speaking of the constitution of Ann Brooks remarks- Her menstruation appeared between her nineteenth and

twentieth years, and continued without any interruptions, except during pregnancy, and eleven months after the birth of each of her children, until she was eighty years of age. Hence it would appear that women, who commence menstruating at a period of life somewhat advanced ceteris paribus, are not exempt until they have arrived at an age, comparatively speaking, unusually protracted.

As regards the first appearance of the menses, the lapse of a certain number of years is not all that is requisite; but there ~~are~~ is a certain series of associated changes, which is generally observed to take place in the female system, without the occurrence of which, this peculiar uterine effort is not called into action. The uterus, for the execution of this function, seems to be dependant upon an influence derived from the ovaria; these

bodies being deficient or diseased the discharge does not take place. Hence for the healthy production of the menses, the ovaria must be well developed, and if I may so speak, in good health. The mammae are usually enlarged accompanied with a protrusion of hair upon the pubes. The body assumes the most perfect symetry, of which it is susceptable. The complexion is improved - the countenance is more animated and interesting - even the tone of the voice becomes attend, and more harmonious, accompanied in most instances with a refined delicacy and pathos, that carry a resistless recommendation to the heart. The melody of expression might not be inaptly compared to "the flakes of feathered snow, that melts as they fall." The mind too is expanded; the individual no longer delighting in those childish amusements of earlier days.

After these changes have taken place, the menses will almost invariably make their appearance, in some women without much previous indisposition, but with the most of them the discharge is accompanied with a "sense of fullness in the lower region of the abdomen, pains in the back and inferior extremities, and some slight hysteric affections; all of which disappear as soon as the evacuation takes place. For the first two or three times the discharge is irregular in two respects. 1. As to the quantity. 2. With regard to the period of its return; but at the future terms of recursion stated periods are observed, and nearly the same quantity is lost unless interrupted by some irregularity. To ascertain the quantity discharged with exactness is impossible, as it depends upon the climate and constitution

of course varies in different women, and in the same woman at different times. Those of lax fibre and delicate habit, have a more copious and longer continued discharge than women of a robust constitution. In general however the menses continue to flow from four to six days, and the quantity of fluid discharged is from four to six ounces. I may here remark that women who are pregnant or suckle children do not menstruate during such processes. I say generally for according to the best authorities, there are occasional exceptions to the proposition, which however must be looked upon as cases anomalous in their character. Baudelocque, Denman and many of the modern writers, are decidedly opposed to menstruation continuing during pregnancy. Prof. Chapman believes the discharge under such circumstances to be "pure

coagulable blood." With due deference to the opinions of this very able practitioner, we are however compelled to dissent, both from facts which have fallen within the sphere of our own observation, as well as from cases, recorded by a late very distinguished writer upon midwifery. It is a maxim in the main correct "cuique in sua arte credendum est." Since the conviction of this position, we shall proceed to recapitulate some cases cited by Dr Dewees in his treatise on obstetrics. In par. 668 - The Author remarks, I well know a number of women who habitually menstruate during pregnancy until a certain period; but when that time arrives menstruation ceases - several menstruated until the second or third month, and two until the seventh month; the two last were mother and daughter. To the confirmation of the same position might be cited the very

high authority of Heberden, Hosack and Francis. An individual of my acquaintance aged 26 – the mother of two children now pregnant with the ~~fourth~~ third, being surprised at what she hesitatingly believed to be the appearance of her "monthly courses" consulted me to know if "such a thing" could take place. Calling to mind the facts above related I was induced to make of her many minute inquiries, and some examinations conducted with care, the result of which conclusively established the fact of the regular appearance of the menses under the existing state of things. It is known to almost every practitioner that nurses menstruate. Dr Dewees remarks, it is of frequent occurrence, happening ten times to the other once.

Having delivered in a summary manner the

most important particulars with regard to the history and character of the menstrual discharge I shall in the next place proceed to the consideration of the main point in question viz its derangements.

The uterine system seems to impress upon the female the peculiar characteristics of her constitution. It was long ago remarked by Van Helmont, and very correctly, propter solum uterum mulier est id quod est.

This important organ being deranged in its function, a derangement of health always follows as a consequent effect.

Menstruation is the most important function in the female system, upon the regular and healthy production of this discharge depends in a great measure the peculiar destiny of the sex; the noble prerogative of becoming mothers. If this function be impaired after the

fairest prospects of the unhappy female are blasted. Hence it becomes us not only as practitioners but as philanthropists to study accurately the derangements to which the discharge is liable as well as the method of cure.

From the Greek origin of the term Amenorrhoea (a. priv. men. mensis et rea fluo) it seems to have been adopted by the early medical writers to express a monthly derangement, or rather non appearance at stated monthly periods, of the menstrual discharge after having been regularly established. A more modern as well as a more practical application of the term has been adopted by writers on medicine to point out the conditions of the uterine system as regards three particulars.

1. Emansio Mensium - that is where the menses do not appear as early as is usually

expected. 2. Suppressio Mensium — when after the menses appearing and continuing as usual for sometime they cease without pregnancy occurring. 3. Amenorrhoea Dificilis — when the flux is too small in quantity — vitiated in quality — attended with pain and other distressing symptoms. In entering upon the curative plan proper to be adopted, in the several derangements to which this discharge is liable, I shall follow the order above laid down.

1. Of Pententio Mensium, or the retention of the menses. There is a time in female life at which the menses are expected to appear and if they fail, much anxiety is manifested on the part of the patient and her friends. We have too often to lament the distruction of the unfortunate individual being placed in the hands of some stupid empiric, who blindly prescribes for the case

without regard to symptoms. It should be borne in mind, that some women arrive at puberty earlier than others, and that there is a correspondent difference in time as regards the appearance of the menses. There is a condition of the genitals mentioned above accompanied with certain changes in the system, the indications of womanhood, which must develop itself before the menses will begin to flow; if these signs be absent the individual should not become the object of medical treatment. As a general rule, so long as the general health remains unimpaired medical aid is not requisite. The mere want of the discharge, may not produce any morbid affections for some time. The retention however continuing for several successive periods, morbid symptoms will make their appearance,

which are evidently connected with a defect of the menses, and go off upon its discharge. Heaviness, listlessness to motion, fatigue on the least exercise, palpitations of the heart, pains in the back, loins and hips, flatulency and acidities in the stomach and bowels, costiveness, a preternatural appetite for chalk, lime and various other absorbents together with many dyspeptic and chlorotic symptoms usually attend on a ~~preternaturaw~~ protracted retention of the menses. As the disease advances the face becomes pale, the lips loose their crimson colour, the eyes are encircled with a livid areola; in a word the whole body has a leucophlegmatic appearance, with every indications of the want of power and energy in the constitution: the feet are often affected with oedematous swellings, the

breathing is much hurried by any vigorous exertion of the body; the pulse is quick and small, and the person is apt to be affected with a cough, and many of the symptoms of hysteria.

To produce a flow of the menses under such circumstances, proves in many cases a very difficult matter; and where the disease has been of long standing, various morbid affections of the viscera are often brought on, which are apt ultimately to terminate fatally.

The treatment is to be regulated in the first instance upon the plan of invigorating the general system, and stimulating the action of the uterine vessels. The first of these indications is to be fulfilled by a generous nutritive diet — by gentle exercise especially on horse back; spinning at

the small wheel, is another valuable mode of exercise, as it calls into play the inferior extremities. As co-operating in the fulfillment of this indication, tonics should not be overlooked. The preparations of Iron, being the most efficacious, are to be preferred. I have seen the Sulphas Ferri prescribed with decided advantage, though upon the whole the Pulvis Ferri or muriated Tinc. is the most eligible. The use of Chalybeate water, is for several considerations highly to be recommended; which should be drunk if convenient at watering places, as by associating with agreeable company, the mind will become tranquilized and amused. Flannel worn next to the skin is a valuable item in the curative plan especially in cold weather, and should not be neglected. Frictions instituted over the

whole body, together with the free use of the warm bath, have in many instances been resorted to with the most unequivocal advantage. ~~much~~. Strict ~~advantage~~ attention in every case, must be paid to the bowels, as without this precaution all our remedial attempts will prove abortive.

Previous to resorting to the means of fulfilling the second intention of cure, I would recommend the exhibition of a gentle emetic, for the purpose of cleansing the primae viae. "emetics moreover seem to awaken the susceptibility of the uterus to the impression of specific remedies".

As exerting the most efficient and direct influence in arousing the dormant energies of the uterus, Prof. Dewees, than whom I can not quote higher authority upon subjects connected with midwifery, recommends the

the time. Lauth with a degree of confidence which he refuses in no other article of the class of emmenagogues. He adds, it should be preferred to all other means when hemorrhoid attends; thirty drops should be given three times a day until this discharge stops." As auxiliary means, the exercises of walking, dancing so as not to become too much fatigued, should not be omitted. Stimulating the rectum by purgatives is a means likewise of the utmost importance. Those most in use among accoucheurs of the highest authority are the drastic resins, as aloes and scammony. They should be employed so as to keep up a regular and efficient alvine evacuation. Dr Hamilton, that very able and judicious practitioner in the management of female complaints, tells us that

he has found the purgative plan very successful in retention of the menses, but that it requires great assiduity and perseverance frequently, to accomplish the end desired. Should a plethoric condition of system attend the retention, purgatives are indispensable, and must not on any account be omitted. I pass over the lengthened catalogue of emmenagogues as of doubtful efficacy, with few partial exceptions. In many cases venery is the most efficient remedy – hence marriage is highly to be recommended. If in the course of the disease the patient should be troubled with acidities in the stomach absorbents must be resorted to. Chalk, Magnesia, lime water and milk are among the best correctors of acidity. These are the curative means, upon which most reliance

is to be placed in the management of the disease. Treat the case however as we may we are often disappointed, and the unhappy victim is hurried to an untimely grave.

We have now arrived at the second division of our subject viz. 2 Suppressio mensium - when the menstrual flux has been interrupted by other causes than those of pregnancy and suckling.

Notwithstanding the menses may have continued for any length of time, to flow in a regular and healthy manner, they are however subject to irregularities from the operation of various causes. The most common of these is cold applied in some form or another, thereby producing a constriction of the extremities of the uterine vessels. Anxiety of mind, fear excessive indulgence in venery, the too free use of acids, evidently

sometimes produce a suppression of the menses. The suppression is often symptomatic of other diseases as Phthisis Pulmonalis, Hepatitis, Dropsy &c. and particularly of general debility of the system.

Albert justly observes that there are few disorders which depend upon such a variety of causes, or are ~~dependant~~ connected with such different conditions of the general system as obstructed catamenia. Hence its remedies are so various; and hence too the great uncertainty of all our remediate measures in such cases. When the discharge has been long interrupted, particularly in persons previously healthy, hemorrhagy will happen from other outlets — as the nose — the lungs — and sometimes a periodical discharge from the nipple, or an ulcer situated in any part of the body, has

occurred. Besides being subject to these occurrences, the patient becomes costive, dyspeptic – colicy pains and hysterical symptoms superveene.

Our prognosis in this disease is to be guided by the cause which has given rise to it, the length of time it has continued, and the state of the patients health in other respects. If the discharge has been suddenly suppressed by cold it may easily be restored by proper means; but if the suppression be of long standing, and leucorrhoea attend we ought always to consider such circumstances as unfavourable.

Post Mortem examinations in those cases which have terminated fatally, demonstrate that in a large majority of cases of obstructed catamenia, at leas in

Southern latitudes, the biliary system is materially implicated. This fact has been questioned by very high authority – it is however an occurrence of general notoriety among the practitioners of our Southern States. It may be regarded reciprocally in the light of cause and effect. The spleen too it has been remarked by writers is subject to preternatural indurations and enlargements. In several protracted cases, which have fallen within my observation, a temporary and even continued alienation of mind has occurred with the partial or entire loss of some of its most distinguished faculties as reason memory &c.

What we are principally to have in view in the treatment of this complaint, is to invite the circulation to the pelvic

viscera, and thereby take off the constriction which affects the extremities of the uterine vessels; and this is to be attempted by the free use of relaxants, antispasmodics and purgatives. As relaxants - the semicupium, fomentations to the external parts, application of blisters on the sacrum, and inside of the thighs, may be resorted to with decided advantage. To increase the relaxing powers of these topical applications, especially when the pain is severe, nothing will answer better than opiate enemata. These remedies are to be employed when nature seems to be making an effort to produce the discharge, "which may be known by a sense of fulness in the organs of generation, a weight in the back and loins, and slight spasmodic pains in the uterus." When the system has been properly reduced

for their exhibition, the Tinctures of Cantharides, and Ipecacuan, have been recommended, by a late writer on Midwifery, in terms of warm commendation. Of the latter article the writer* remarks - "I have for five and thirty years almost daily used this medicine in suppressed catamenia, without its having failed in any case proper for its use; more can not be said of any remedy whatever". An assiduous use of purgative medicines, especially the Aloetic preparations, frequently exerts a most decided beneficial influence. Several practitioners of my acquaintance speak in the most exalted terms of the exhibition of emetics. Two or three times repeated Dr Chapman remarks, I have known active vomiting of itself in several instances, to restore the menstrual secretion

* Dewees System of Midwifery.

and still oftener prepare the way for the successful use of specific remedies.
In those cases of suppression, attended with a diseased liver, a mercurial ptyalism should be excited in the system. Women subject to this derangement, should carefully avoid all exposures to cold and wet, particularly in the feet. To conclude in all our attempts at restoration we should pay strict attention to the state of the system and to the diet of the patient, which should consist of light vegetable food. Without due regard to these precautions we may expect to meet with disappointment in our remediate endeavours.
3rd and lastly Amenorrhoea Difficilis - when the discharge is small quantity and attended with pain &c.
This is by no means an uncommon com-

-plaint in our climate, nor is it among the least excruciating. It is always connected with a derangement in the secretory surface of the uterus, in consequence of which it is unable to take on a perfect menstrual action. As in suppression of the menses, the application of cold during the flow is the most common remote cause of this conditions things. Dr Deweese has known it to take place upon the consummation of marriage. In many instances however the causes are so obscure as not to be cognizable. The married and the single are alike subject to it, and during every stage of the menstruating period.

The plan of treatment here is directed pretty much upon the same principles as that for suppression of the menses.

The indications are the same to relax spasm, and repair the enfeebled energies of the uterus. The best antispasmodics are camphor and opium combined. Tinct. Guiac. and extract Cicuta, together with warm bathing both local and general, and also the free use of opiates, which should be employed as soon as the symptoms, which denote its approach are apparent.

Finis